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DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

BOSTON. *The British Journal of Nursing* for August 30, has a glowing account of the eight months' course offered by the Instructive District Nurses' Association. Other nurses have felt that the course so opened their eyes to the bigness of the possibilities of public health nursing that they have wished to share this knowledge with all the readers of the JOURNAL, and their letters are so interesting that it is a pity space forbids printing them. When nurses begin to realize that everyone is a part of the great public for whom education is desired, then the wise advice of Dr. Osler to the practitioner of medicine to take a three months' holiday for a quinquennial brain-dusting will seem fitting for other servants of the public need as well. How many nurses realize how constantly they are giving of themselves to others, by word or deed? And how many of these same nurses do any worth-while studying or reading to recruit the over-worked grey cortex? Far too few. Many nurses fail to appreciate the need for constant study or periodical brushing up. Those who can't spare eight months or four months, or the money for an annual meeting are apt to forget that money so invested brings a big return. Some nurses may not know that many accredited universities, such as the University of Wisconsin (Madison) and the University of Chicago, prepare splendid correspondence courses on almost every subject. These courses, provided they are given by well-known schools, are well-arranged to meet the needs of even the busiest workers. Several Chicago nurses are planning to take an excellent correspondence course in English which Wisconsin is offering at most reasonable tuition rates. The Chicago School of Civics and Philanthropy is offering a correspondence course in sociology. While but make-shifts, if one can afford both time and money to take the regular course in Columbia or Boston or Cleveland, these correspondence courses offer good mental stimulation and training and keep busy workers in touch with the constantly-expanding thought and research of the academic world. Dr. Osler advises that a start be made from the first, to save for this fifth-year vacation into the realms of fresh study. The modern savings bank is so accommodating that

no nurse need protest her inability to lay aside a regular percentage, and the results will more than atone for the sacrifice. An ancient saying that has stood the test of twenty centuries advises us to "Learn more, earn more," and whether our reward meet us in the hand or in the heart, the promotion it implies, the success it will bring, come when we fit ourselves to meet the demands of each new opportunity. The royal road to worthy service is over the rocky path of repeated effort. Let us not always let other people do our thinking for us.

CHICAGO. The long-desired "Standing Orders for the Visiting Nurse Association," as described in the March JOURNAL, have at last taken visible form in a well-printed blue folder (size $5\frac{1}{2}$ by $3\frac{1}{2}$ inches) which is just a little smaller than the average business envelope. The cover bears the imposing title "Standing Orders for the Visiting Nurse Association of Chicago," and just beneath is printed, very distinctly, the words "Corrected and Approved by the Chicago Medical Society. To be used Only When Previous Orders Have Not Been Left by the Attending Physician." Inside the folder two sizes of print are used, the larger type designating the condition or disease, the smaller the treatment. At the end is placed the notice to physicians. Two conferences were held over the proposed orders with the Secretary of the Chicago Medical Society; some minor changes were made at his suggestion, and the orders were finally printed in the Bulletin of the Society before being put into general circulation. Now each nurse carries several copies of the orders with her and leaves them with any physician interested. They are not left in the homes of the patients.

The suggested changes and criticisms may be of interest to nurses contemplating similar orders. The only changes of note were the omission of the "gargle" in the treatment of "sore throat," and patients suffering from minor injuries and discharging ears were advised to seek medical advice rather than free dispensary treatment. Naturally, the economic condition of the patient would always be considered before free medical service would be sought.

Few criticisms were received, in spite of the fact that many visiting nurses must have ideas on this subject. One from New York said that the doctors would not permit so much unprescribed treatment. Another very interesting one from Boston is well worth reproducing in part.

The plan for standing orders for Visiting Nurses, would, I believe, make the work of such nurses much less complicated; and if the plan were carried out in a united movement throughout the entire country, there would be little difficulty experienced in persuading the members of the medical profession, hospitals and dispensaries to accept it.

In rural districts the endorsement of the medical societies goes a long way toward making a movement popular among the physicians.

The Visiting Nurses who are a part of large city organizations are very much handicapped by the hard-and-fast rules necessarily laid down by the associations with which they work, and working in this way under such strict rules slowly saps their individuality of thought and action, and many of them become in the end mere machines.

Recognized standing orders would help the nurse greatly and give her more freedom of action—that is, if these standing orders were *universally* recognized.

My only criticism of the list of standing orders printed in the March number of the AMERICAN JOURNAL OF NURSING would be that they are too allopathic, especially for use in New England, where there are so many homeopathic physicians with large practices among the people who need the care of the Visiting Nurse. A nurse, of course, is neither allopathic nor homeopathic, but should have an intelligent understanding of both schools, and be able to apply their different methods. A list of orders could easily be made which would be acceptable to both schools.

It has been my good (or evil) fortune to care for cases of very severe burns in the homes of the patient, and I would suggest that the nurse needs more orders to choose from than those printed in the list, especially in regard to first dressings. In one case to which I was called, a baby was saved much suffering (and the physician said a bad scar) by the mother's prompt use of oil. A nurse should be equally free to use her knowledge and intelligence in such cases.

Yours very truly,

[Signed]

ELIZABETH ROSS, R.N.

Boston, Mass.

Miss Ross's suggestion that the "Standing Orders" be made for national rather than local use, is a good one, but it is feared that New York physicians would refuse to sanction a p.r.n. enema or saline flushing, how could metropolitan orders meet the needs of rural nurses whose orders must of necessity be far more comprehensive? Further discussion, both urban and rural, is solicited.

Lively testimonial to the value of pre-natal visiting is present frequently at one of the conferences of the Infant Welfare Society of Chicago. Several months before a baby's birth, its mother complained of "headaches and tired feeling" to the nurse who was making her regular visit; at the end of this call the nurse carried away a specimen of urine. An accommodating neighborhood druggist made a test and the specimen was found to be heavy with albumen. The family doctor was next sought and he called on the patient (who would never have dreamed of sending for a doctor "only for a headache"). Prompt treatment was instituted, the threatened trouble averted and at the usual time a normal delivery occurred. This means that another American citizen has been given a fair start.

Elizabeth G. Fox (Johns Hopkins), a former Chicago Visiting Nurse, has gone to Dayton, Ohio, as Superintendent of the Visiting Nurses of the Flower and Fruit Mission.

Regina Sassman (Red Cross Hospital, Kansas City), has resigned from the Visiting Nurse Association to accept the position as Visiting Nurse for the Stillwell Manufacturing Company of Quincy, Illinois.

Quincy school children have been having a wonderful summer outing this year, planned and carried through by Ruth Smith (St. Bernard's Hospital, Chicago), the school nurse and assistant truant officer. One hundred and fifty children have been given their first truly vacation in the country and fifteen or twenty of their adult fellow-citizens have helped to make the vacation a memorable one. Miss Smith understands coöperation to mean personal service from everyone, and teachers, pastors, principals and many others have helped her make the camp a success.

OHIO. Cecelia Evans (Mary Thompson Hospital, Chicago), a former Chicago Visiting Nurse and Robb Scholarship student at Columbia, 1912-1913, has entered on her new work at Cleveland as director of the Post-Graduate Course for Visiting Nurses offered jointly by the Visiting Nurse Association and Western Reserve University.

Helen M. Green (Illinois Training School) is demonstrating, in her home town of Ravenna, how varied may be the accomplishments of a graduate nurse in a town of 6000. She is the county nurse, the school nurse, the juvenile probation officer and local visiting nurse. During a recent vacation spent in Chicago, Miss Green addressed the staff of the Visiting Nurse Association and made rural nursing sound both interesting and highly attractive.

VIRGINIA. Miss Gulley (Old Dominion Hospital, Richmond, class, 1900) has bought a farm beautifully located in the Piedmont region of Virginia, near Leesburg, with a view of taking a few frail boys between the ages of six and eight years to give them the benefit of outdoor life under skilled supervision.

Elizabeth Cocke (Old Dominion Hospital, Richmond, class 1900) and Nell Ewald (U. P. I., Baltimore, 1911) have established a school for nervous and backward children, known as "St. Christopher's" at Dunbarton, about six miles from Richmond. A specially-trained teacher will be on their staff.

NEW JERSEY. The Visiting Nurse Association of Somerset Hills has had a busy year. Formerly of Bernardsville, it has grown until the work now covers two districts, including several villages. Three sub-committees plan for the supplies and relief in four sections and six standing committees plan the work of the two nurses, and ways and means for the Association. The work done with the school children is particularly noteworthy, for besides frequent routine inspections, over 1500 children were examined by the Medical Inspector for physi-

cal defects and more than 300 children in one township had their defects remedied. Throughout the year public talks and moving picture exhibits were given in the different towns, and both parents and children became interested in advancing the cause of public health. Augusta G. Reed and Daisy Dobbin are the visiting nurses.

PENNSYLVANIA. The Visiting Nurse Association of Wilkes-Barre was organized in 1908 and one nurse engaged. The fifth annual report shows a steady growth to four nurses and two half-time pupil nurses. Margaret R. Burns is the Superintendent Nurse. Besides covering Wilkes-Barre and South Wilkes-Barre, the nurses make visits in nineteen nearby towns and boroughs. Covering all this hilly territory, over 10,000 calls were made last year.